Soft Tissue & Orthopedic Injuries

1. Follow General Pre-hospital Care Protocol.
2. Control bleeding.
   A. Utilize direct pressure.
   B. Consider early tourniquet use (refer to Tourniquet Application Procedure).
   C. Consider FDA and MCA approved hemostatic agents and hemorrhage control devices.
   D. Consider use of pressure dressings with deep wound packing.
   E. Consider pelvic binding for suspected unstable pelvic fracture.
3. If appropriate, maintain spinal precautions for patient per Spinal Injury Assessment Protocol.
4. Assess pain on 1-10 scale.
5. Immobilize/splint orthopedic injuries as appropriate.
   A. Special Considerations
      i. Consider traction splinting for femur fractures (excluding hip/femoral neck).
      ii. Straighten severely angulated fractures if distal extremity has signs of decreased perfusion.
      iii. Evaluate and document neurovascular status before and after splinting.
      iv. Dress open fractures.
6. Partial/complete amputations
   A. Control bleeding as above.
   B. Cover wounds with sterile dressings moistened with sterile solution.
   C. Splint extremity.
   D. Recoverable amputated parts should be brought to hospital as soon as possible.
   E. Wrap amputated part in sterile dressing moistened with sterile solution. Seal in a plastic bag and, if available, place bag in container of ice and water. DO NOT place part directly on ice.
   F. Frequent monitoring of circulation, sensation, and motion distal to the injury during transport.
7. For severe crush injuries, refer to General Crush Injury Protocol.
   * Impaled objects are left in place and stabilized. Removal of impaled objects is only with approval of medical control.
8. Follow local MCA transport protocol.
10. Consideration sedation per Patient Sedation Procedure.
Follow General Pre-Hospital Care Protocol.

Control bleeding
- Utilize direct pressure
- Consider early tourniquet use (refer to Tourniquet Application Procedure).
- Consider FDA and MCA approved hemostatic agents and hemorrhage control devices.
- Consider use of pressure dressings with deep wound packing.

If appropriate, stabilize cervical spine and immobilize patient per Spinal Injury Assessment Protocol.

Consider tourniquet use when applicable (refer to Tourniquet Application Procedure).

Immobilize/spint orthopedic injuries as appropriate
- Special Considerations.
  - Consider traction splinting for femur fractures (excluding hip/femoral neck).
  - Straighten severely angulated fractures if distal extremity has signs of decreased perfusion.
  - Evaluate and document neurovascular status before and after splinting.
  - Dress open fractures.

Provide pain management per Pain Management Procedure.

For severe crush injuries, refer to General Crush Injury Protocol.

Impaled objects are left in place & stabilized. Removal of impaled objects is only with approval of medical control.

Contact Medical Control

Follow local MCA transport protocol.

Partial/complete amputations
- Control bleeding as above
- Cover wounds with sterile dressings moistened with sterile solution.
- Splint extremity.
- Recoverable amputated parts should be brought to hospital as soon as possible.
- Wrap amputated part in sterile dressing moistened with sterile solution. Seal in a plastic bag and, if available, place bag in container of ice and water. DO NOT place part directly on ice.
- Frequent monitoring of circulation, sensation, and motion distal to the injury during transport.

Paramedics, consider sedation per Patient Sedation Procedure.